

Declaration for Nomination and Oath of Candidacy

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OF	Document #	
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	Deputy or Filing Officer	

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Residence Address City and State	office of: FRED WIDURN - Word	5 In Inc.	ame of Political Party	OR . Nonpartisa
Residence Address Residence Address City and State Residence Residence Address Residence Ad	Candidate Name (printed exactly as it should appear on the ballot):	FRED WI	lbuey	
Residence Address Residence Address	Mailing Address	City and State		Zip Code
County of Residence Contact Phone Email Address Website Address Website Address First Special Form Name (printed exactly as it should appear on the ballot): Mailing Address: Phone: Email Address: Residence Address: Website Address: Website Address: Website Address: Website Address: First Special Form Name (printed exactly as it should appear on the ballot): Mailing Address: Website Address: Website Address: Website Address: Website Address: Website Address: Website Address: First Special Form that I am either a resident of the county in which I am a condidate, If it contains one or more legislative district, or of the legislative district if it contains all or parts of more than one county, OR (a) I hereby affirm that I meet the residency availifications, in I alophove for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. Filling Fee. Fee MUST Be PAID BEFORE FILING IS VALID: Candidate Filing Fee, if applicable, in the amount of \$ 72.00 is hereby submitted with this Declaration and Oath of Candidacy. OATH OF CANDIDACY -CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess, within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana, Signature of Candidate NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of Jellow Drze Signature of Notary Public Official Where to file Federal, Statewide, State Capitol Building, 1301 E. 6th Ave 2"Floor, Room 260 Helena, MT 59620 Online: sosmt_gov/elections/filing/ Fax: 406-441-2023 Where to file County, City and most Local District offices: My commission expires:, 20		Billini	GS MONTANA	59102
County of Residence Contact Phone Email Address: Residence Address: Residence Address: Website Address: Website Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby affirm that I om either a resident of the county in which I om a candidate, if it contains one or more legislative districts, or of the legislative district if to contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency availification(s) in (a) labove for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE. FEE MUST BE PAID BEFORE FILING IS VALID. Conditiate Filing Fee, if applicable, in the amount of \$\frac{72}{72}\tope\text{ is hereby submitted with this Declaration and Oath of Candidacy.} OATH OF CANDIDACY -CANDIDACY MUST ISON IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICE OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I passes, or will passess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana County of the State Capitol Building, 1301 E. 6 th Ave 2 th Floor, Room 260 Where to file Federal, Statewide, State Capitol Building, 1301 E. 6 th Ave 2 th Floor, Room 260 Printed Name of Notary Public Notary Public for the State of Montana County of the County, City and most Local District offices: My commission expires:, 20 Application of the County, City and most Local District offices: My commission expires:, 20	Residence Address	City and State		
First Declaration is For the Office of Governor, You must complete the Following information:	2821 VERMILION DR	Billing	SS MONTANA	59/02
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION: Lieutenant Governor Name (printed exactly as it should appear on the ballot): Mailing Address: Residence Address: Website Address: IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: If THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: If THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: If thereby affirm that I are either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretory of State in writing when I qualify or if I do not qualify. Flunk FEE – FEE MUST BE PAID BEFORE FILING IS VALID: Candidate Filing Fee, if applicable, in the amount of \$ 72,00	(A) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ss
Lieutenant Governor Name (printed exactly as it should appear on the ballot): Mailing Address:	1	ETE THE FOLLOWING INFORMA	ATION:	
Mailing Address: Phone:				
Phone: Email Address: Website Address: Website Address: If THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING: (a) I hereby diffirm that am either a resident of the county in which am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR (b) I hereby diffirm that will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. FILING FEE -FEE MUST BE PROBE FILING IS VALID: Solution Amount of Solution			ss:	
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legislative district if it contains all or parts of more than one county, OR (b) I hereby affirm that I will meet the residency qualification(s) in (a)above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify. Filing FEE – FEE MUST BE PAID BEFORE FILING IS VALID: Candidate Filing Fee, if applicable, in the amount of \$		NE OF THE FOLLOWING:		
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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED: I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the States of Montana. Signature of Candidate NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of Signed and sworn to before me this Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620 Online: sosmt,gov/elections/filling/ Fax: 406-444-2023 Where to file County, City and most Local District offices: My commission expires:	of the Secretary of State in writing when I qualify or if I do not	in (a)above for 6 months pro t qualify.	eceding the general election and t	will notify the office
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NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of	Signature of Candidate			
County of Signed and sworn to before me this				
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Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6th Ave 2nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 Where to file County, City and most Local District offices: County Election Office Signature of Notary or Public Official Notary Public for the State of Residing at: My commission expires:		R	1	
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County Election Office	Where to file County, City and most		Residing at:	
	Local District offices:	VA	My commission expir	es:, 20
A list of county election offices may be found at: sosmt.gov/elections	A list of county election offices may be	AL/STAMP)		